

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		04/06/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	4/12/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		61001	6/18/00

INDEX OF CLAIMS

✓ Rejected
 - Allowed
 - (Through numeral) Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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